MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037694
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1225

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

15117
25117 2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
3			
4	1		
5	1		
6			
7	0		
8	2		
9	4200		
10			
11			
12	3-0		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED NOV 5 1962

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph
Length of stay in 1b: 43 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Josephs Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 920 So. 18th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First BESSIE Middle Last ELROD

4. DATE OF DEATH: Month, Day, Year: October 30, 1962

5. SEX: female

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3/16/1896

9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (City and state or country): Andrew County, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James A. Moser

13b. MOTHER'S MAIDEN NAME: Iona Delila Johnson

14. NAME OF HUSBAND OR WIFE: Ocle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Ocle Elrod, 920 S. 18th, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac failure	48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease with extreme cardiac enlargement, decompensated.	Several years
DUE TO (c)	Chronic passive pulmonary congestion.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Osteoarthritis, right hip with subluxation of right femoral head and severe hypochromic anemia and cystopyelitis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

MEDICAL CERTIFICATION

21. I attended the deceased from September 24, 1962 to October 30, 1962 and last saw her alive on October 30, 1962
Death occurred at 6:00 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. Handler MD

22b. ADDRESS: 311 Phys. & Surg. Bldg St. Joseph, Missouri

22c. DATE SIGNED: 11-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 11/1/1962

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR ADDRESS: Heaton-Bowman St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: Nov. 2, 1962

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 11/1/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Wilson Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.